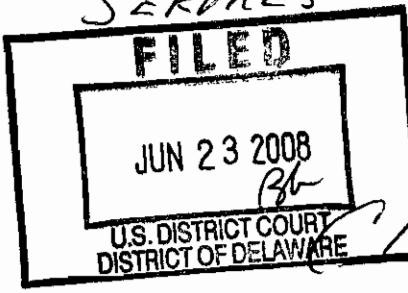


6/21/08

Angelo L. Clark

v.

REGIONAL MEDICAL FIRST
CORRECTIONAL ET AL
AND
CORRECTIONAL MEDICAL
SERVICES



CASE NO: 1:06-465-S.L.R.

AFFidavit. AND BRIEF: IN
Support of Compensatory
Judgement of Claims:

AFFidavit.

Signature
Angelo L. Clark

Chair of The Court: Honorable Sue L. Robinson

1. Deliberate indifference to serious medical needs of prisoner constitutes, unnecessary and wanton infliction of pain proscribed by Eighth Amendment, the indifference was manifested by prison doctors and nurses, intentionally denying or delaying access to medical care or intentionally interfering with treatment. ESTELLE V. GAMBLE 475 U.S. 298, 1976, also deliberate indifference to my serious medical needs or illnesses or injuries that the medical vendors and the Department of Corrections caused me. Civil Rights Statute. U.S.C.A. CONST. Amend 8: 42 U.S.C.A. § 1983

1. Also when the med vendors for the Dept of Corrections was using me as a experiment, GINNIE PIG AND FINALLY THERE RESEARCH MONKEY FOR THE FAILURE TO TREAT MY MEDICAL NEEDS IS AND WAS INCONSISTENT WITH CONTEMPORARY STANDARDS OF DECENCY AND VIOLATES MY EIGHTH AMENDMENT. U.S.C.A. CONST. AMEND. 8. - ESTELLE V. GAMBLE 475 U.S. 298, 1976. AND E.T.C.

3. White v. Napoleon, 897 F.2d 103

C.A.3, N.J., 1990

Complaint Alleging that prison doctor intended to inflict pain on prisoners without any medical justification, and Alleging a large number of specific instances in which doctor allegedly insisted on continuing courses of treatment that doctor knew were painful, ineffective, or entailed substantial risk of serious harm to prisoners, including burning of prisoner who complained he could not feel anything in his hands, refusing to prescribe medication to reduce risk of peptic ulcer caused by other medication, and refusing hospitalization of prisoner following a heart attack, sufficed to state a violation of the Eighth Amendment and a concomitant right of relief under Civil Rights Statute. U.S.C.A. CONST. Amend 8: 42 U.S.C.A. § 1983.

4. Only unnecessary and wanton infliction of pain or deliberate indifference to serious medical needs of prisoners are sufficient egregious to rise to the level of a constitutional violation. U.S.C.A.
Const. Amend. 8. Reducing me to an experimental monkey under the care of the medical vendors for the Department of Corrections for the state of Delaware. Also thus inflicting me with pure cruel and unusual punishment, with excessive punishment in my mind body and soul. The medications contributing to my deterioration of health; Zyprexa, side affects; brain bleeding, head aches, and anxiety, nervous disorder. Complainant can't control the functions of his bladder. Also upon further truths supporting my claims I have to wear a diaper from sun up to sun down. Other medications reducing me to the functions of a child are trillathon, trasadone, etc. 42 U.S.C.A. § 1983; U.S.C.A. Const. Amend.

5. AFFIDAVIT AND BRIEF IN SUPPORT OF PUNITIVE AND COMPENSATORY AND MONATORY DAMAGES JUDGEMENT CLAIMS OF MY CIVIL RIGHTS' MALPRACTICE AGAINST: REGIONAL MEDICAL FIRST CORRECTIONAL ET-AL.

AND
CORRECTIONAL MEDICAL UNDER CIVIL VIOLATIONS RULES 42 U.S.C. § 19
SERVICES,

May God Bless you and your
 Chambers with a Moddy Manifestation
 of Judgementship when you decide over
 this Litigation. I trust that whatever
 Judgement you render in my fa
 will be just. For the cruel and unusual
 punishment and Torture that I Endured.

EMERGENCY SERVICES AVAILABLE - 695-9145

Discharge Date: 5-24-04 Discharge Time: 12:15 PM

Code: 2914

You have been prescribed the following medications to be taken as listed

| me: | Dose | Frequency | Body Part | 5 pm 5:30 pm |
|-----|--------|-------------------|-----------|--------------|
| | 20 mg | bedtime | | |
| | 500 mg | three times a day | x | x |
| | 1 mg | bedtime | | x |

Family given: Own medication(s): Prescription(s): Medication Sample(s): Coupon(s):

Follow-up appointments and referrals

| | | |
|-------------------|---|---|
| Appt. Date / Time | Referral | Written permission to release records: <input type="checkbox"/> No: <input type="checkbox"/> Yes: |
| | Psychiatrist/ ARNP | Name/ Address / Phone Number |
| | Primary Care Physician | Name/ Address / Phone Number |
| | Medication Management Clinic: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/> | |
| | Injection Clinic: <input type="checkbox"/> Medical Follow-Up <input type="checkbox"/> Health Dept <input type="checkbox"/> Lab Tests <input type="checkbox"/> Shand's Outpatient Clinic <input type="checkbox"/> Apply for Clinic Card for: <input type="checkbox"/> Therapist: <input type="checkbox"/> Support Group: | <input type="checkbox"/> MHRC <input type="checkbox"/> Univ. North <input type="checkbox"/> MHCJ |
| | Link/Quest | |
| | Substance Abuse Treatment: <input type="checkbox"/> | |
| | Case Management: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/> NWBH <input type="checkbox"/> River Region <input type="checkbox"/> Child Guidance Other: <input type="checkbox"/> | |
| | Other: <input type="checkbox"/> | |

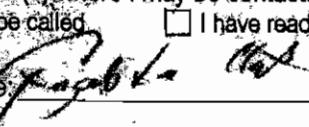
Discharged To: Home ALF / Group Home Shelter Quest/Link Hospital Other: Name / AddressDischarge Transportation: Car Taxi Bus Ambulance Other:

Nursing Staff:

Discharge Planner: N. Cart

Discharge Escort (MHT): Community Resource pamphlet explained and given to patient

Phone number(s) where I may be contacted for follow-up: () _____ or () _____
 I prefer to not be called I have read or had the above explained and understand my medication and discharge plans

Patient Signature: 

Parent/Guardian Signature: _____

MENTAL HEALTH CENTER OF JACKSONVILLE
DISCHARGE INSTRUCTIONSNAME: ANGELO CLARK
CID #80749
CID #: _____

CONFIDENTIAL AND PRIVILEGED-PROFESSIONAL USE ONLY

Angelo Clark

Medication
as of
8/21/08

Chlaze 100mg - twice a day
Valproic acid 500mg - in the morning
Valproic acid 1000mg - in the evening
Zyprexa 5mg - in the evening ↗ made brain ache till it ble
Geodon 40mg - twice a day ↗ Helped destroy heart
Cogentin 0.5mg - twice a day ↗ Allergic too To much
Aspirin 81mg - once a day ↗ MED'S
Atenolol 100mg - once a day
Plendil 10mg - once a day
Lopid 600mg - twice a day
HCTZ 25mg - once a day
Zantac 300mg - twice a day
Tums - 2 tabs - twice a day
Tylenol 650mg - as needed - twice a day

Experimenting
process
To a research
monkey
Now I wear a
diaper can't
control waste!
Other exhibits'
AND documents

(AP)

EXAMINED
PROFESSI
A.S.A

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Angelo Lee Clark

Name (Print)
12-15-55

Date of Birth

123209

SBI Number

19719 - upper-2-cell

Housing Location

11/24/06

Buz

Date Submitted

Complaint (What type of problem are you having)? IT SEEMS LIKE EVERY SINCE
 I WAS ADMITTED IN THE INFIRMARY - ON - 11/1/06 FOR CUTTING
 MYSELF, ON - 11-21-06 - NURSE 'RN' DAN YEE AND BLOOD LADY
 (STEPHANIE) - DAN YEE LEANED MY CUT AS SOON AS SHE LEFT
 THE HOSPITAL ROOM NEXT DOOR, AND STEPHANIE TOOK BLOOD FROM ME A
 11/134/06

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: 11/26/06

O: Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A: 11/26/06

P: 11/26/06

EXPERIMENTATION PROCESS
GINNIE PIG - RESEARCH MONKEY

HELP!

if still feel as though I'm sick and
 E: medical system gave me something even if it's not
 aids, I don't feel right! Like my old self

Provider Signature & Title

Date & Time

RECEIVED
OCT 12 2006

FORM #584

GRIEVANCE FORM

#9134

BY: D.C.C.FACILITY: DCIDATE: 10/18/06GRIEVANT'S NAME: ANGELO LEE CLARKSBI#: 133809 #CASE#: TIME OF INCIDENT: APPROXIMATELY 1:00 PMHOUSING UNIT: Bldg 14# Shu-B-LOWER-#7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I ANGELO LEE CLARK, WAS AWAKENED out of my sleep to go to a interview at STAFF LT PROUD'Y AND LT WELCOME OFFICE, WHEN I GOT THERE I WAS TOLD BY BOTH PROUD'Y AND WELCOME THAT MENTAL HEALTH WANTED ME BACK IN THE SHU - FOR NO APPARENT REASON EXCEPT I WAS GETTING VERY MANIC DEPRESSIVE, AND A LITTLE SCHIZOPHRENIC WAS BEGINNING TO KICK IN BECAUSE I WASN'T BEING MEDICATED Right, AND HAVE COMPLAINED TO OTHER OFFICERS AROUND THE CLOCK INCLUDING SOME OF THE NURSES BEFORE I GOT SICK. NOW MY MAIN REASON FOR FILING THIS IS WHERE'S MY WATCH! A THE REST IS PREMISSARY.

I HAVE MY RECEIPTS.
FOR ALL OF THEM.

ACTION REQUESTED BY GRIEVANT:

WHERE IS THE TREATMENT AT. I WANT MY WATCH AND OTHER COMM, SAR, I PRODUCTS, THAT THEY TOOK FROM ME, AND WHEN DAWLIGHT HOLDEN (CHAIR PERSON) OF THE PAROLE BOARD DIGE A WITF OF THIS! HE'S EVEN GOING TO SAY HOW CAN YOU PUNISH SOMEONE THAT'S SICK! YOU KNOW WHAT'S BEING SAID THE

GRIEVANT'S SIGNATURE: ANGELO LEE CLARK DATE: 10/18/06WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) (NO)

This is from The Parole Board!
(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)
 who hasn't write even give me any ~~relief~~!
 GRIEVANT'S SIGNATURE: DATE:

CRUEL AND
UNUSUAL
PUNISH WHEN
MENTAL ANGU

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE

GRIEVANT

(How can you put him) my illness Manic Depress
Bipolar - Depress
in Shu!

Not Behavior, That's mental Hospital Health
issues.

April '97 REV

mentl Hospital Health
issues

X

X

7/18/05

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTHAngela Lee Clark

Name (Print)

2K-3

Housing Location

12-15-55

Date of Birth

00123209

SBI Number

316105

Date Submitted

Complaint (What type of problem are you having)

I AM STARTING TO HAVE PAIN IN CERTAIN PARTS OF MY BODY, AND I STILL HAVEN'T HAD MY EYES CHECKED. WHAT DO I HAVE TO DO GET SOME GOOD LEGAL HELP.

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

Scheduled to be seen

S:

O: Temp:

Pulse:

Resp:

B/P:

WT:

A:

This is why I believe that the Lump that I have on the back of my head has grown, and still cause me great pain

P:

And all they been for years giving me for pain is 600 Motrin Tablets

E:

or 600 Tylenol Tablets

Provider Signature and Title

Date

Time



Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Angel Clark 2-G [0]

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 7-21-05

RE: MEDICAL GRIEVANCE #05-15413

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Mr. Berg!

I've been Complaining about
my Headaches along with
the growth in the back
of my head and trauma tha
the Excessive med's have been putting

**CMS DELAWARE
1181 PADDOCK RD
SMYRNA, DE 19977**

DATE: 08/18/06

JAF/ma

FROM :MHU MEDICAL

TO: ANGELO CLARK 12320⁴

23
4 WHAT BLDG?

RE: X-RAY

YOUR X-RAY THAT WAS DONE ON 08/11/06 WAS NORMAL.

08/18/06

MEMO
ORRECTIONAL MEDICAL SEK

TO: Clark, Angelo SBI# 123209 shu17 Bl-10

FROM: SHU/MHU MEDICAL

DATE: 6/20/06

REF: Lab Results 6/6/06

Just wanted to let you know that lab results came back normal.

A handwritten signature in black ink, appearing to read "John R. P. Clark".

Correctional Medical Services

DATE: 05/03/06

FROM: MHU MEDICAL

TO: ANGELO CLARK 123209 *SHU 17*

RE: LAB

YOUR LAB WORK DONE ON 01/24/06 WAS NORMAL.

ACDNP

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

WANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Angelo Lee Clark

Name (Print)

2-8-10

Housing Location

12-15-55

Date of Birth

123109

SBI Number

8/11/05

Date Submitted

Complaint (What type of problem are you having)

I KEEP HAVING AND EXPERIENCING HEAD PAIN, ON A EVERY DAY BASIS. AND I HAVE WRITTEN SEVERAL SICK CALL SLIPS, I WOULD LIKE TO KNOW WHEN I WILL BE SEEN.

I HOPE A.S.A.P

THANK YOU.

Angelo Lee Clark

8/11/05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

Scheduled

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature and Title

Date

Time

Legal Mail
Legal Intercept

Jane F. Mitchell Building
1901 N. Airport Hwy.
New Castle Del. 19720

The Honorable Judge Sue L. Robinson:
To The Clerk of the Court

To The Honorable Judge Sue L. Robinson:
U.S. District Court for the State of Delaware
844 N. King Street Lock Box #78
Wilmington Delaware

19801-3570

Legal Mail

Legal Mail